UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK		
	X	
UNITED STATES OF AMERICA	: :	
-V-	:	23-CR-465 (JMF)
MICHAEL CAGLE,	: :	<u>ORDER</u>
Defendant.	: :	
	: X	

JESSE M. FURMAN, United States District Judge:

The Court has received the attached submission from the Defendant, proceeding without counsel, requesting (on page 7 of the attached PDF) a copy of the docket sheet and his plea agreement. Insofar as the Government retained possession of the latter following the Defendant's plea, the Government is ordered, **no later than June 21, 2024**, to mail a copy of the two documents, as well as a copy of this Order, to:

MICHAEL CAGLE Register No. 59577-510 USO Canaan Federal Correctional Institution P.O. BOX 300 Waymart, PA 18472

SO ORDERED.

Dated: June 17, 2024

New York, New York

JESSK M. FURMAN
United States District Judge

UNITED S	STATES DISTRICT COURT District of
Michael L.C. [Name of plaintiff], Plaintiff vs. [Name of defendant], Defendant)

Relief Sought

permission of the Court, pursuant to 28 U.S.C. § 1915, to proceed in this action without prepayment of filing or other fees and costs. 2

Grounds for Reliet

The plaintiff should be granted pauper status because:

- 1. The affidavit attached to this Application states all of the assets of the plaintiff.
- 2. The affidavit attached to this Application states that the plaintiff believes that _____ [he *or* she] is entitled to the redress sought by this action. 3
- 3. The plaintiff is unable to pay the fees and costs or give security for them.

Papers in Support of Application

This Application is based on this document, on the supporting Affidavit of the plaintiff, on the Complaint to be filed in this action that has been lodged with the Court, and on any other papers, evidence, or argument presented in connection with this motion. 4

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[Caption. Form No. 54:450]

AFFIDAVIT OF WICHARL LACENAME OF AFFIANT]

N		
County of)))	
State of		
wich relyage [Na	ne of affiant], being duly sworn, deposes and states: [Car [name of affiant]. I am over 18 years of age.	
1. My name is <u>ய ப்புக</u> ூ	[name of affiant]. I am over 18 years of age.	
2. I am fully competent to m	ake this affidavit, and I have personal knowledge of the facts star all of the facts stated in this affidavit are true and correct.	ted in this
my request to be able to file	tion. I make this affidavit pursuant to 28 U.S.C. § 1915(a)(1) in s and proceed with this action without the prepayment of costs, fili security for those costs or fees.	
4. 1 <u>Wichael Cagles</u> [name is <u>N/A</u>	am <i>or</i> am not] currently employed. [<i>Add if currently employed:</i> M ₂]	y employer's
5. My	[current or last] salary from employment	[is or mployment:
6. Apart from employment for these sources:	or a salary or wages, in the last 12 months I received the following	g sums from
a. Business, profession, or self-employment	\$ MA [dollar amount or "none"].	
b. Rent payments, interest, or dividends	\$ M/A [dollar amount or "none"].	
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Dated: 61512H
michael Cagle [firm name]
By: wichel Lag [signature] wichel Lagle [typed name]
[address]
[phone number
[e-mail address
Attorneys for \\/\/\/\/\/\/

c. Pensions, annuities, or life insurance payments	\$\ldot \langle \rightarrow \ldot \rightarrow \ldot \rightarrow \ldot \rightarrow \ldot \rightarrow \ri
d. Gifts or inheritances	SMA [dollar amount or "none"].
e. Any other sources	\$_\(\lambda\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
7. \$ <u>M</u> \ of the \$	amount listed in Paragraph 6 of this Affidavit comes from [describe source]. amount listed in Paragraph 6 of this Affidavit comes from [describe source].
	[describe source]. Continue with description of source for each sum received in last 12 months]
9. I currently have the follow	ving amount in my possession in cash: \$ <u>ひ.3[</u> [dollar amount or "none
10. I currently have the	following amounts available in banks or other financial institutions: 2
.,	,
Checking account bank]	[Name of \$ NA
Savings account bank	[Name of \$
Type of account, e.g., Brokerage]	ion] [Name of \$ MA
account	
	[Continue listing all accounts]
11. I own [an interest in] _ owned:	[the following or no] real property. [Add if property] (Description, e.g., A dwelling house located at (address) with equity in the amount of \$_\(\begin{array}{c} \begin{array}{c} \limbde A \limbde - \limb
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_	
12. I own [the fold description, amount, and current	llowing <i>or</i> no] stocks and bonds. [<i>If property owned, list by</i> nt value: These include]
h / , l	following or no] automobiles. [Add if autos owned: I own _ (make and model of all automobiles).]
14	persons <i>or</i> no one] owes me money. [Add if money owed: I _ (set out sum owed and identity of each debtor)]
household furnishings and clothing. [Add a	wing or no] additional valuable property other than ordinary if additional property owned: I own \(\frac{\sqrt{\sq}\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
16. The following persons	s are dependent on me for their support: 3
Identity Relationsh ip Spouse [Name] Minor child Disabled child	Amount of Support \$ NA \$ MA \$ MA
	17. Because of poverty, I am unable to pay the initial costs and fees required to proceed in this action or to give security for those costs and fees. Therefore, I believe that I am entitled to relief under the provisions of 28 U.S.C. § 1915(a)(1).
	18. I desire to bring this action in good faith, and I believe that I am entitled to the relief that I have asked for by means of this action.
	I signed this Affidavit on 6/6/24 [date] at [city, state].
	wichaelcage [signature]
	wichAEL (4g (typed name)

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Case 1:23-cr-00465-JMF Document 30 Filed 06/17/24 Page 7 of 9

SUBSCRIBED AND SW	ORN		BEFOI date] [ci		ME state].	on at
[Notary's seal]						
-	[notai	ry's si	gnature]		
Notary Public in and for the State of	[typed	d nam	-· -·			
My commission expires on	[date]					

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Sincerell

